

State Form 4606 (R9 /11-99)
Indiana Election Commission (IC 3-9-5-14)
Approved by State Board of Accounts 1999

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? Yes No

(CFA-4) Summary Sheet

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OTAL PA	GES IN EN	NTIRECE	A-4 REPOR	11

COMMITTEEINFOR	MATION		公和任治发验
Full name of committee (as on Statement of Organization) Check if this is a new name			
Robin M Muls for Hamilton County	Auditor		
2. Acronym or abbreviated name, if any	3. Committee teleph		
to be an income being a side of the second o	(317)	984-5435	
4. Mailing address (address where all campaign finance correspondence is received) C 2 30 15 Overdorf Rd	heck if this is a new add	iress	
5. City, state, ZIP code	6. Party affillation (i		
Cicero IN 46034	Republic		
CANDIDATE INFORMATION (Far Can		The same of the sa	4. 34 34 35 35 36 36
7. Full name of candidate (include any nickname)	8. Party affiliation o		
Robin M Mills	Republi		
9. Office sought (Include district number, if any. Not required for exploratory committee.) Hamilton County Auditor	Hamilton		
TYPE OF REPORT		CONVENTION C	ANDIDATES ONLY
11. Check one:		Check one:	
Pre-Primary Pre-Ejection Annual Final / Disbands Committee (lines 18, 19, a	nd 20 must be "0")	Pre-Convention	
Outgoing Treasurer (within 10 days amend Statement of Organization)		Post-Convention	
12. Reporting period:		COLUMN A	COLUMN B
From: January 1, 2003 Through: December 31	,2003	This Period	Year to Date
13. Cash on hand and investments at the beginning of this reporting period.		0	一人的人的人的人
14. Cash on hand and investments January 1, current year.			0-
CONTRIBUTIONS AND RECEIPTS	SP CENTRAL PROPERTY		
(Note: these amounts include in-kind contributions and loans, as well as cash con	tributions.)	500	500
15a. Itemized (use Schedule A) 15b. Unitemized		071 52	971.52
15c. Add lines 15a, and 15b in both columns	SUBTOTAL	1471.52	1471 52
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	TOTAL	1471.521	1471.52
EXPENDITURES			
(Note: These amounts include in-kind expenditures and loan repayments.)		196.52	196.52
17a. Itemized (use Schedule B) (Public Question: use Schedule C)	_		
17b. Uniterrized	-	0	101 (3)
17c. Add lines 17a and 17b in both columns	SUBTOTAL	196.52	196.52
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both of	olumns) TOTAL	1275.00	1275.00
19. Debts OWED BY the committee (use Schedule D)		0	
20. Debts OWED TO the committee (use Schedule E)		0	

CERT	IFICAT	TON
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I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

Signature on File

WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose.

(IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D Felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B Misdemeanor (IC 3-14-1-14) and may be subject to civil penalties (IC 3-9-4-16, 3-9-4-17, 3-9-4-18.)

FOR OFFICE USE ONLY





State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

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rapas at altribitio to vers parbeloni a lieu litinos satir e il		COLUMN A	COLUMN B	DATERECEIVE
CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	AMOUNT THIS PERIOD	CUMULATIVE YEAR-TO-DATE	RECEIVED BY
1.	Contributions:			
	☐ Direct ☐ In-Kind (describe)			
	Other Receipts:			
	Interest Cloan Misc (specify)			
	☐ Misc (specify)			
Contributor's Occupation (if required)				
2.	Contributions:			
	☐ Direct ☐ In-Kind (describe)			
	Other Receipts:			
	☐ Interest ☐ Loan ☐ Misc (specify)			
Contributor's Occupation (if required)	_			
3.	Contributions:	1		
	☐ Direct ☐ In-Kind (describe)			
	Other Receipts:			
	☐ Interest ☐ Loan ☐ Misc (specify)			
	☐ Misc (specify)			
Contributor's Occupation (if required)	_	-		
4.	Contributions:			
	☐ Direct ☐ In-Kind (describe)			
		50		
	Other Receipts:		-	
	☐ Interest ☐ Loan ☐ Misc (specify)			
	☐ Misc (specify)			
Contributor's Occupation (if required)	_			
	Contributions:			
	☐ Direct ☐ In-Kind (describe)			
	Carried (cesonoe)			
	Other Receipts:			
	☐ Interest ☐ Loan ☐ Misc (specify)			
	☐ MISC (Specify)			
Contributor's Occupation (if required)	_			
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED
Envoy, Inc. 6330 É. 75th Street Suite 204	Contributions: ☐ Direct ☐ In-Kind (describe)	500	milian tres em	en byt ert og edfrei nederen
Indianapolis IN 46250	Other Receipts: Interest □ Loan Misc (specify)	oning a gening an or oth	une radix d' OTUSUTTI	IPORTANI 17E OF CE
2. As of makes been to remained brown problem. Holes	Contributions: Direct In-Kind (describe)	ODIRES EL	(TETHEOMS	A MASULICE
stguesar, regio yo menustransa (brist-re, providera especialistico	Other Receipts:	DT-HABY BI	PETALIUMUS latet	B MMOJO
3. **C arch ## statum matrix venor bee stanc will be east at a case at a ca	Contributions: Direct In-Kind (describe)	yes Alnon o	September 103V	EOER ETA
(Six 1-6-2 DI) Leattimmod and sol notive made and	Other Receipts: Interest I Loan Misc (specify)	etimines eti	BY: Enter	OBVINCE CLATOTEL
4. PACHE MICHEL MICHAEL SANCE AND SANCE MICHAEL MICHA	Contributions: Direct In-Kind (describe)	SCHEDUR SCHEDUR SOMETHING	L PAGES C Deduk A, An	A ROLLAT
	Other Receipts: Interest Loan Misc (specify)			
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest □ Loan Misc (specify)			
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(Enter total on ITEM 15a of the Summ		s 500		



State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-3) CONTRIBUTIONS BY LABOR ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: UST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS ON THIS SCHEDULE. Please type or contribution in this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from labor organizations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule over \$200 if regular party committee).

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CONTRIBUTOR'S FULL NAME AND FULL MAILIN ADDRESS (street, number, city, state, ZIP code)	G TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED BY
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	Contributions: Direct In-Kind (describe)			
	Other Receipts: ☐ Interest ☐ Loan ☐ Misc (specify)			
:	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest □ Loan Misc (specify)			
	Cantributions: Direct In-Kind (descnas)			
	Other Receipts: interest = Loan Misc (specify)			
	Contributions: Direct In-Kind (describe)			
•	Ciner Receipts: Interest =LbanMisc , specify)			
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State Form 4806 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14)
Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from political action committees OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfersing and in-kind contributions regardless of the amount from political action committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS

Itemized Contributions and Other Receipts

0

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the everse side. This schedule is used to document contributions and receipts totaled on ITEM 15s of the Summary Sheet. All cumulative contributions from other entities OVER \$100 per contribution, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of the amount from candidate's, legislative caucus, and regular party committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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	Other Receipts: Interest □Loan Misc (specify)	CIT Desire of Dispersion		Anami
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

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Itemized	Expen	ditur	es

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INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entitles OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
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State Form 4608 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE C) ITEMIZED EXPENDITURES

For Public Questions

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INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. All cumulative expenses or transfers-out, regardless of amount paid to political committees supporting or opposing a public question, MUST be itemized on this schedule.

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Enter Text of Public Question Opposed Column A Column B C					
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999 Individual

(CFA-4 SCHEDULE D) Debts Owed by This Committee

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INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED BY the committee during the reporting period. Include all amounts owed for or to lending institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

CREDITOR'S OR LENDER'S NAME & MAILING ADDRESS. (street, number, city, stale, ZIP code)	ENDORSER'S OR VENDOR'S NAME & MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	AMOUNT NATURE OF DEBT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
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